

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 39 OF 71
 (check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

Full Name (Last, First, Middle Initial)

A. MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW COURT

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WEDDINGTON | NC | 28104 |

FEC ID number of contributing federal political committee.

C

Name of Employer

ACUMED

Occupation

SALES MANAGER

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 14 | / | 2012 |

Transaction ID : SA11AI.55858

Amount of Each Receipt this Period

700.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RONALD SCHMITZ

Mailing Address 92 WHISKEY JAY HILL RD

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| EVERGREEN | CO | 80439 |

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 02 | / | 2012 |

Transaction ID : SA11AI.56241

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MICHAEL SCHNEIDER

Mailing Address PO BOX 871209

| | | |
|----------------|-------|----------|
| City | State | Zip Code |
| STONE MOUNTAIN | GA | 30087 |

FEC ID number of contributing federal political committee.

C

Name of Employer

DEKALB ANESTHESIA ASSOCIATES

Occupation

PHYSICIAN

Receipt For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 01 | / | 2012 |

Transaction ID : SA11AI.55891

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00